

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5303AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2009
NAME OF PROVIDER OR SUPPLIER ADDIE'S HOME CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7955 TRAIL HEAD DR LAS VEGAS, NV 89113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual state licensure survey conducted in your facility on 11/2/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a survey grade of D. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview and record review on 11/2/09, the facility failed to ensure 2 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 and #3) Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 11/2/09, the facility failed to ensure 2 of 2 caregivers met background check requirements (Employee #2, FBI report and #3 State report and Criminal History Statement). Severity: 2 Scope: 3	Y 105			
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175	Y 274			

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Y 274	Continued From page 2 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation and interview on 11/2/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. The facility failed to follow the posted menu for 2 of 2 meals observed in the facility. The facility failed to document the substitutions. Severity: 1 Scope: 3	Y 274		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 11/2/09, the facility failed to ensure all smoke detectors were tested 12 out of the past 12 months. The facility failed to provide evidence that each smoke detectors had been checked every month. Severity: 2 Scope: 3	Y 444		

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Y 451	Continued From page 3	Y 451			
Y 451 SS=F	<p>449.231(2)(a)-(f) First Aid Kit</p> <p>NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview and observation on 11/2/09, the facility failed to have a first aid kit available with all the required components (A shield or mask for cardiopulmonary resuscitation).</p> <p>Severity: 2 Scope: 3</p>	Y 451			
Y 877 SS=E	<p>449.2742(5) OTC medications & Dietary Supplements</p> <p>NAC 449.2742 5. An over-the-counter medication or a dietary</p>	Y 877			

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Y 877	Continued From page 4 supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 11/2/09, the facility did not obtain physician orders to administer dietary supplements to 2 of 5 residents (Resident #4 - Prilosec and Resident #5 - Blue Green Algae, Organic Spirulina, Milk Thistle, Ribonucleic Acid, Melatonin and Vitamin B Complex). Severity: 2 Scope: 2	Y 877			
Y 883 SS=E	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.	Y 883			

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Y 883	Continued From page 5 This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interviews on 11/2/09, the facility had no evidence physicians were notified within 12 hours when 2 of 5 residents refused or missed their medications (Resident #4 and #5). Severity: 2 Scope: 2	Y 883		
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 895		

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Y 895	Continued From page 6 This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 11/02/09, the facility failed to ensure the medication administration record (MAR) was accurate for 5 of 5 residents (Resident #1, #2, #3, #4, and #5). Findings Include: On 11/02/09, at 9:45 AM, the MAR for 5 of 5 residents was not signed for the morning or evening medications on 11/01/09 or morning medications on 11/02/09. Severity: 1 Scope: 3	Y 895		
Y 908 SS=B	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by:	Y 908		

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Y 908	Continued From page 7 Surveyor: 28384 Based on record review on 11/02/09, the facility failed to ensure the medication record was complete for 2 of 5 residents receiving as needed (PRN) medications (Resident #1 and #3). Severity: 1 Scope: 2	Y 908			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 11/02/09, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1 - no evidence that 2nd step was read) which affected all residents. Severity: 2 Scope: 3	Y 936			

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